



Silica dust control during wall and ceiling grinding

Grinding concrete surfaces generates high levels of silica-containing dust. Breathing in this fine dust can cause a serious and irreversible lung disease called silicosis.

Controlling the dust

Local Exhaust Ventilation (LEV) is available to control the silica dust at its source. Attachments include shrouds (suction casings that surround the wheel/stone), hose attachments, and HEPA vacuum systems. The dust is collected within the shroud and drawn into the vacuum, where it is filtered and discharged.

To protect yourself you should:

- Establish a barrier around your work area to restrict unprotected workers from entering
- Whenever possible, use LEV systems to capture and control the dust at its source
- Check to make sure that the vacuum system you are assigned is approved for use with silica dust, and is operating properly
- Inspect the shroud on your grinder to make sure it is in good condition and able to form a seal between the grinder wheel and the wall/ceiling surface; very little visible dust should be released at the shroud; if dust is released, the vacuum may not be working properly
- Clean the vacuum and change the filters on a regular basis; when cleaning vacuum systems, safe work procedures must be followed
- When grinding a ceiling, use a tripod designed for this work
- When wall grinding, use an elevated work platform so you can operate the grinder at or below shoulder height
- Always wear proper respiratory protection when working around silica dust
- Always inspect and monitor the effectiveness of your equipment
- Report problems to your supervisor

When the work is completed, vacuum settled dust from floors and other surfaces. Do not use compressed air to blow dust from your clothing or your equipment.



Wall grinding with LEV



Diamond grinder with vacuum attachment



Ceiling grinder

Project: _____ Address: _____

Employer: _____ Supervisor: _____

Date: _____ Time: _____ Shift: _____

Number in crew: _____ Number attending: _____

Other safety issues or suggestions made by crew members:

Record of those attending:

Name: (please print)	Signature:	Company:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Manager's remarks: _____

Manager: _____ Supervisor: _____

(signature)

(signature)



WORKING TO MAKE A DIFFERENCE
worksafebc.com